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ABSTRACT

This curriculum planning guide helps districts design an appropriate educational program on HIV/AIDS prevention. The chapters focus on the following topics: "Montana Board of Public Education Position Statement on HIV/AIDS"; "Instructional Guidelines: Key Issues in Program Planning, Major Health Education Content Areas, Summary, and Curriculum Progression Matrix for K-12 Instruction about HIV and AIDS"; "Guidelines for Effective School Health Education to Prevent the Spread of AIDS"; "General Criteria for Evaluating an AIDS Curriculum"; "Matching Approaches to AIDS Education with Childhood Development"; "Educational Materials and Resources on HIV/AIDS"; "Where to Find Information"; "OPI-Supported HIV/AIDS Education"; "Guidelines for Reviewing Human Sexuality Education Materials"; "Guidelines for Non-School Personnel Presenting Health Programs in Montana Schools"; "CDC/DASH Research to Classroom Project"; "Montana Department of Health and Human Services Recommendations for Preventing the Transmission of Human Immunodeficiency Virus in the School Setting"; and "Montana HIV/AIDS Education Program." (SM)

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Curriculum Planning Guidelines for HIV/AIDS Education

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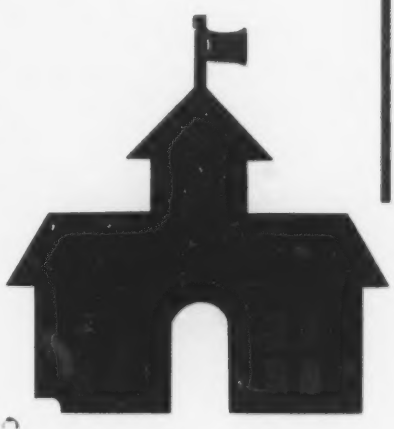

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Foreword

AIDS and HIV infection are preventable. Educating youth about basic HIV and AIDS information, about the health risk behaviors that lead to HIV infection, and about the health and social issues surrounding HIV and AIDS are the shared responsibilities of families, schools and communities.

Schools are uniquely situated to provide prevention education to adolescents that, while supporting family and community standards, provides both knowledge and skills for avoiding HIV infection. Education offered consistently and over time can assist youth in developing positive health behaviors associated with disease prevention. Successful implementation now of community and school education programs can save many lives in the years ahead.

The national Council of Chief State School Officers states that, "Education is virtually the only means to combat the spread of the AIDS virus. Schools must take leadership in educating our young people about AIDS and how to make appropriate behavior choices to decrease the risk for contracting and spreading the AIDS virus."

The Montana Office of Public Instruction (OPI) believes that all school health professionals, in collaboration with public health officials, have a responsibility to be informed and to inform parents, pupils, and other school staff members about how HIV is spread and how to prevent people from spreading or acquiring the virus. Schools should provide prevention-focused education on the health risk behaviors associated with HIV infection, including education on postponing sexual involvement and age and developmentally appropriate education on how to protect oneself when sexually active. School boards should ensure that instruction about HIV and AIDS are available to the entire school population.

The Montana Board of Public Education has adopted a position statement on HIV/AIDS. This statement strongly encourages all Montana school districts to address **age-appropriate education**, rights and accommodations of students and staff who are infected, and safety procedures. The position statement and its rationale are included in this guide.

This curriculum planning guide will help districts design an appropriate educational program. The OPI has additional materials to help districts address policy issues on rights and accommodations and training issues on safety procedures. However, it is the intent of this guide to provide schools with guidance on curriculum and related issues that local school districts should consider in their curriculum planning and development processes for age-appropriate HIV/AIDS prevention education.

Montana Board of Public Education Position Statement on HIV/AIDS

Rationale

The growing problem of HIV and AIDS, especially among younger persons, demands a reaction from educators. Through education, HIV infection and AIDS become truly preventable. Sound education policy regarding HIV and AIDS is a first, vital step in formulating an educational response to the disease. The policy must establish guidelines for schools for decision making and action. A well-planned policy which takes into consideration education, rights and accommodations, and work site safety issues can help school districts and communities avoid potential disruptive and divisive conflict.

School policy addressing each of three overriding areas — education, rights and accommodations, and work site safety — needs to be developed at the district level. HIV-related policies are most successfully developed with community and local health department involvement. Policies should reflect the traditions and values of the community, include current scientific and medical knowledge, and be consistent with laws protecting individual rights. In addition, effective policies require routine evaluation and revision to keep them up to date and useful. (The Office of Public Instruction is a resource for model policy information and technical assistance.)

Policy Content

Three areas of concern should be addressed by HIV policies — issues of education, issues regarding students and staff who are infected with HIV, and procedures for safely handling body fluids. Policy focusing on education should address such issues as when and how to teach students about HIV and AIDS within a health enhancement curriculum, the content of an HIV curriculum, staff preparation and training, and evaluation of the HIV education program. Policy focusing on people should address the confidentiality and rights of people who are infected. Policy focusing on infection control should address proper methods of ensuring a safe environment for all students and staff.

Position Statement

All Montana school districts are strongly encouraged to develop appropriate communicable disease policies that specifically include HIV and AIDS, and which address age-appropriate education, rights and accommodations of students and staff who are infected, and safety procedures.

Dated: March 5, 1999

Instructional Guidelines

Key Issues in Program Planning

The following issues need to be addressed when providing instruction concerning HIV/AIDS in elementary and secondary schools:

- All school staff must be informed about AIDS and HIV infection as they relate to their educational role and function in the school setting.
- Instruction about HIV/AIDS should be taught within the context of existing kindergarten through grade 12 health instruction units.
- K-12 instruction must be appropriate to students' chronological and developmental stages, their current base of knowledge, and their past experiences and must be addressed in language that they can clearly understand.
- Instruction about HIV/AIDS should be presented over several class periods and in classroom-size groups in order to give students multiple, personalized learning opportunities.
- Teaching methods need to include ongoing instruction about new information, developments and teaching strategies.
- School instruction needs to supplement and complement community standards established for the prevention and control of HIV/AIDS.
- The content of instructional materials should be evaluated and constantly monitored to assure that data on HIV infection are current and in an appropriate instructional format.

All learners, including school health professionals, share some common educational needs as they relate to HIV/AIDS. School administrators, school board members, health teachers, classroom teachers, school nurses, social workers, counselors, psychologists—in fact, all school staff—are people first. The issues surrounding HIV/AIDS must be dealt with on a personal level before consideration is given to teaching students about this threat to personal and public health.

The decision about whether HIV/AIDS instruction will be included in a school's health education curriculum is a matter for the local school board to determine. The following course of action was recommended in the U.S. Surgeon General's Report (1986) and is supported by the Office of Public Instruction.

- Education aimed at preventing diseases such as HIV/AIDS must start early in elementary school.
- Adolescents and preadolescents are the students whose behavior needs to be influenced in a positive way because of their vulnerability at a time when they are exploring their own sexuality and, perhaps, experimenting with controlled substances.

- Informed parents need to instill in their children their own moral and ethical standards related to the spread of HIV infection and AIDS.

Major Health Education Content Areas

Instruction about HIV/AIDS should be integrated into appropriate health instruction units rather than as a separate K-12 HIV/AIDS education curriculum. Five of the ten major health education content areas form a logical basis for K-12 health instruction concerning AIDS: prevention and control of disease, family life education, substance use and abuse, personal health, and mental and emotional health. An addendum with specific objectives on HIV/AIDS is also provided on a suggested matrix.

The Curriculum Progression Matrix for K-12 Instruction About HIV and AIDS (see pages 6 and 7) is a guide to integrating AIDS instruction into existing K-12 health education units. The matrix offers a framework for integrating instruction about HIV and AIDS into existing K-12 health instruction. The student outcomes listed offer an example of the scope and sequence of the knowledges, attitudes, and skills needed by students to develop positive health behaviors critical to preventing HIV infection. All outcomes on the matrix should be prefaced with the phrase "The student will . . ."

Summary

The Office of Public Instruction believes that instruction about HIV and AIDS should be integrated within the context of a comprehensive K-12 health enhancement instruction program. Because health instruction is frequently provided locally on a multidisciplinary basis, elementary school teachers, health teachers, science teachers, social studies teachers, home economics teachers, nurses, counselors, and other appropriate school staff may be involved in providing instruction aimed at promoting positive health lifestyles. In addition, a team approach to addressing the specific problem of AIDS, in cooperation with health professionals, public health officials, parents, and educators will promote a community-wide effort toward confronting this epidemic.

As stated in 1986 by then U.S. Surgeon General Everett Koop, ". . . [P]arents, educators and community leaders, indeed all adults, cannot disregard this responsibility to educate our young. The need is critical and the price of neglect is high. The lives of our young people depend on our fulfilling our responsibility."

Curriculum Progression Matrix for K-12 Instruction About HIV and AIDS

Grade Level	Major Content Area: Prevention and Control of Disease	Major Content Area: Family Life Education	Major Content Area: Substance Use and Abuse
K	—suggest behaviors associated with feeling well and ill —know the value of good personal hygiene habits	—respect similarities and differences among human beings —understand that one has the right to accept or reject affection	—describe the different ways people take medicines —explain reasons for consulting a responsible adult before using medicines or chemical substances
1	—discuss the relationship between germs and disease —suggest ways to prevent illness —recognize public health efforts aimed at prevention and control of disease	—realize that one should say no and tell a trusted someone about approaches and offers of gifts from people	—describe good risks and bad risks —explain risks involved in using unknown substances
2	—demonstrate behaviors which help prevent disease —explain how communicable diseases spread	—recognize that human beings grow and develop inside their mothers —realize that abuse occurs in many different ways	—describe the appropriate rules for taking medicines
3	—identify habits that may increase risk of disease	—illustrate ways significant others influence attitudes and behavior	—predict the effects of drug use on physical, emotional, and social well-being
4	—describe the relationship between personal behavior and health or illness —recognize that diseases can be prevented by the use of positive health practices	—use accurate terminology for the structure and function of the reproductive system —identify the changes that occur as one approaches puberty —define different types of personal abuse and know where to get personal help	—describe the behavioral effects of drug use —give reasons why people do and do not misuse and abuse drugs
5	—develop a personal plan for avoiding disease and enhancing health —describe personal and social factors that motivate healthy behavior	—explain the structure and function of the human reproductive system —explain physical, emotional, and social changes that occur as one approaches puberty	—demonstrate helpful strategies for dealing with social pressures to use drugs —appreciate the positive influences of peers and adults
6	—evaluate health practices and describe the consequences of positive and negative health behaviors —describe the four major killers of Americans today —explain the relationship between the human immune system and the disease process	—analyze the impact of peer pressure on an individual and a group —explain basic steps involved in making a rational decision —identify personal strategies to use in unsafe situations	—develop a personal plan to positively confront social pressures related to drug use
7-8-9	—determine the factors that place one at risk for diseases and/or enhance one's health —identify sources, symptoms, and treatments of sexually transmitted diseases	—demonstrate an understanding of changes occurring at puberty —understand a pregnant mother's ability to affect healthy embryonic and fetal development —accept and value human sexuality as normal and essential for total wellness —know that the need for love and affection influences behavior —identify factors that influence these sexual attitudes —recognize the value and necessity of communicating about sexuality with parents or significant others —identify the responsibilities and consequences inherent in sexual relationships —develop decision-making skills which demonstrate the practices of positive health behaviors	By the end of grade 9, students will: —demonstrate stress management techniques that are alternatives to substance abuse —identify the possible consequences of the use of alcohol and other drugs —explain why each individual is responsible for one's own decision to use or not use alcohol and other drugs
10-11-12	—identify agencies that treat communicable diseases or chronic disorders and describe referral procedures —design a plan aimed at disease prevention and health promotion	—understand the factors that promote healthy embryonic and fetal development —understand what sexual assault is and how to prevent it	By the end of grade 12, students will: —appreciate the right to "say no" to the use of alcohol and other drugs —recognize that decisions regarding drug use have social implications

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Curriculum Progression Matrix for K-12 Instruction About HIV and AIDS

Major Content Area			
Grade Level	**Personal Health**	**Mental and Emotional Health**	**Special Addendum on HIV/AIDS**
K	—begin assuming responsibility for personal grooming and cleanliness habits	—value themselves as worthwhile and show concern for others —identify persons to go to for help when ill, hurt, concerned, or frightened	—feel comfortable asking questions about HIV/AIDS
1	—demonstrate knowledge of activities that help promote personal cleanliness and reduce transmission of disease	—differentiate between acceptable and unacceptable behavior —describe positive qualities in themselves and others	—feel comfortable asking questions about HIV/AIDS
2	—discover that decision making is involved in choosing and assessing personal health practices —identify, locate, and describe the major organs in the human body	—know that behavior has consequences	—feel comfortable asking questions about HIV/AIDS
3	—describe the general structure and function of body systems —accept individual differences	—describe how a person's behavior can be helpful or harmful	—feel comfortable asking questions about HIV/AIDS
4	—develop plans for rewarding self for positive health behaviors	—recognize the impact emotions have on decision making —explain the relationship between health habits and self-esteem	—describe the action of the AIDS virus (HIV) —demonstrate ability to discuss media messages about AIDS —express one's fears about AIDS and seek corrections of misinformation —describe how fear affects people's actions toward one another
5	—identify characteristics of puberty and the effects of these changes on physical, emotional, and social development —recognize the effects of personal health practices on well-being	—explain the impact of peer influences on behavior —demonstrate interpersonal behaviors that can help people feel comfortable with one another —assess one's own attitudes about risk taking	—explain that the surest way to prevent HIV infection is to avoid the known risk behaviors associated with the spread of the disease
6	—describe the basic structure and function of a cell	—demonstrate the use of decision-making strategies which take into account alternatives, consequences, and optional solutions	—understand that HIV destroys the human immune system —identify that high-risk behaviors associated with the spread of AIDS are intimate sexual contact with infected persons and reusing dirty syringes and needles
7-8-9	—analyze fad behavior as a force affecting health decisions	—demonstrate the ability to set realistic goals —discuss setting individual standards of behavior based on positive emotional health values	—recognize that most persons infected with HIV don't know they are infected —recognize that many persons infected with HIV remain apparently well but are still infectious to others —explain that a pregnant woman who is infected with HIV can pass the infection to her unborn child
10-11-12	—demonstrate the impact significant people have on the health lifestyles of others —recognize social forces and norms that exert positive and negative influences on health practices	—demonstrate effective communication skills —formulate a personal plan to maintain one's own mental health	—identify where an individual who wants to know more about AIDS can obtain confidential information and/or blood tests

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Guidelines for Effective School Health Education To Prevent the Spread of AIDS

MMWR 37(S-2);1-14
Publication date: 01/29/1988
Source: Centers for Disease Control and Prevention

This document represents contemporary thinking in the planning and implementation of school-based programs of AIDS education. It is presented here as a resource for schools to use in preparing programs designed to prevent the spread of AIDS. Throughout this document, references to information or education about AIDS means information or education about HIV and AIDS.

Introduction

Since the first cases of acquired immunodeficiency syndrome (AIDS) were reported in the United States in 1981, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related diseases has precipitated an epidemic unprecedented in modern history. Because the virus is transmitted almost exclusively by behavior that individuals can modify, educational programs to influence relevant behavior can be effective in preventing the spread of HIV (1-5).

The guidelines below have been developed to help school personnel and others plan, implement, and evaluate educational efforts to prevent unnecessary morbidity and mortality associated with AIDS and other HIV-related illnesses. The guidelines incorporate principles for AIDS education that were developed by the President's Domestic Policy Council and approved by the President in 1987.

The guidelines provide information that should be considered by persons who are responsible for planning and implementing appropriate and effective strategies to teach young people about how to avoid HIV infection. These guidelines should not be construed as rules, but rather as a source of guidance. Although they specifically were developed to help school personnel, personnel from other organizations should consider these guidelines in planning and carrying out effective education about AIDS for youth who do not attend school and who may be at high risk of becoming infected. As they deliberate about the need for and content of AIDS education, educators, parents, and other concerned members of the community should consider the prevalence of behavior that increases the risk of HIV infection among young people in their communities.

Information contained in this document was developed by CDC in consultation with individuals appointed to represent the following organizations:

American Academy of Pediatrics
American Association of School Administrators
American Public Health Association

American School Health Association
Association for the Advancement of Health Education
Association of State and Territorial Health Officers
Council of Chief State School Officers
National Congress of Parents and Teachers
National Council of Churches
National Education Association
National School Boards Association
Society of State Directors of Health, Physical Education, Recreation and Dance
U.S. Department of Education
U.S. Food and Drug Administration
U.S. Office of Disease Prevention and Health Promotion

Consultants included a director of health education for a state department of education, a director of curriculum and instruction for a local education department, a health education teacher, a director of school health programs for a local school district, a director of a state health department, a deputy director of a local health department, and an expert in child and adolescent development.

Planning and Implementing Effective School Health Education about AIDS

The Nation's public and private schools have the capacity and responsibility to help assure that young people understand the nature of the AIDS epidemic and the specific actions they can take to prevent HIV infection, especially during their adolescence and young adulthood. The specific scope and content of AIDS education in schools should be locally determined and should be consistent with parental and community values.

Because AIDS is a fatal disease and because educating young people about becoming infected through sexual contact can be controversial, school systems should obtain broad community participation to ensure that school health education policies and programs to prevent the spread of AIDS are locally determined and are consistent with community values.

The development of school district policies on AIDS education can be an important first step in developing an AIDS education program. In each community, representatives of the school board, parents, school administrators and faculty, school health services, local medical societies, the local health department, students, minority groups, religious organizations, and other relevant organizations can be involved in developing policies for school health education to prevent the spread of AIDS. The process of policy development can enable these representatives to resolve various perspectives and opinions, to establish a commitment for implementing and maintaining AIDS education programs, and to establish standards for AIDS education program activities and materials. Many communities already have school health councils that include representatives from the aforementioned groups. Such councils facilitate the development of a broad base of community expertise and input, and they enhance the coordination of various activities within the comprehensive school health program (6).

AIDS education programs should be developed to address the needs and the developmental levels of students and of school-age youth who do not attend school, and to address specific needs of minorities, persons for whom English is not the primary language, and persons with visual or hearing impair-

ments or other learning disabilities. Plans for addressing students' questions or concerns about AIDS at the early elementary grades, as well as for providing effective school health education about AIDS at each grade from late elementary/middle school through junior high/senior high school, including educational materials to be used, should be reviewed by representatives of the school board, appropriate school administrators, teachers, and parents before being implemented.

Education about AIDS may be most appropriate and effective when carried out within a more comprehensive school health education program that establishes a foundation for understanding the relationships between personal behavior and health (7-9). For example, education about AIDS may be more effective when students at appropriate ages are more knowledgeable about sexually transmitted diseases, drug abuse, and community health. It may also have greater impact when they have opportunities to develop such qualities as decision-making and communication skills, resistance to persuasion, and a sense of self-efficacy and self-esteem. However, education about AIDS should be provided as rapidly as possible, even if it is taught initially as a separate subject.

State departments of education and health should work together to help local departments of education and health throughout the state collaboratively accomplish effective school health education about AIDS. Although all schools in a state should provide effective education about AIDS, priority should be given to areas with the highest reported incidence of AIDS cases.

Preparation of Education Personnel

A team of representatives including the local school board, parent-teachers associations, school administrators, school physicians, school nurses, teachers, educational support personnel, school counselors, and other relevant school personnel should receive general training about a) the nature of the AIDS epidemic and means of controlling its spread, b) the role of the school in providing education to prevent transmission of HIV, c) methods and materials to accomplish effective programs of school health education about AIDS, and d) school policies for students and staff who may be infected. In addition, a team of school personnel responsible for teaching about AIDS should receive more specific training about AIDS education. All school personnel, especially those who teach about AIDS, periodically should receive continuing education about AIDS to assure that they have the most current information about means of controlling the epidemic, including up-to-date information about the most effective health education interventions available. State and local departments of education and health, as well as colleges of education, should assure that such in-service training is made available to all schools in the state as soon as possible and that continuing in-service and pre-service training is subsequently provided. The local school board should assure that release time is provided to enable school personnel to receive such in-service training.

Programs Taught by Qualified Teachers

In the elementary grades, students generally have one regular classroom teacher. In these grades, education about AIDS should be provided by the regular classroom teacher because that person ideally

should be trained and experienced in child development, age-appropriate teaching methods, child health, and elementary health education methods and materials. In addition, the elementary teacher usually is sensitive to normal variations in child development and aptitudes within a class. In the secondary grades, students generally have a different teacher for each subject. In these grades, the secondary school health education teacher preferably should provide education about AIDS, because a qualified health education teacher will have training and experience in adolescent development, age-appropriate teaching methods, adolescent health, and secondary school health education methods and materials (including methods and materials for teaching about such topics as human sexuality, communicable diseases, and drug abuse). In secondary schools that do not have a qualified health education teacher, faculty with similar training and good rapport with students should be trained specifically to provide effective AIDS education.

Purpose of Effective Education about AIDS

The principal purpose of education about AIDS is to prevent HIV infection. The content of AIDS education should be developed with the active involvement of parents and should address the broad range of behavior exhibited by young people. Educational programs should assure that young people acquire the knowledge and skills they will need to adopt and maintain types of behavior that virtually eliminate their risk of becoming infected.

School systems should make programs available that will enable and encourage young people who have not engaged in sexual intercourse and who have not used illicit drugs to continue to—

- Abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- Refrain from using or injecting illicit drugs.

For young people who have engaged in sexual intercourse or who have injected illicit drugs, school programs should enable and encourage them to—

- Stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- To stop using or injecting illicit drugs.

Despite all efforts, some young people may remain unwilling to adopt behavior that would virtually eliminate their risk of becoming infected. Therefore, school systems, in consultation with parents and health officials, should provide AIDS education programs that address preventive types of behavior that should be practiced by persons with an increased risk of acquiring HIV infection. These include:

- Avoiding sexual intercourse with anyone who is known to be infected, who is at risk of being infected, or whose HIV infection status is not known;
- Using a latex condom with spermicide if they engage in sexual intercourse;

- Seeking treatment if addicted to illicit drugs;
- Not sharing needles or other injection equipment;
- Seeking HIV counseling and testing if HIV infection is suspected.

State and local education and health agencies should work together to assess the prevalence of these types of risk behavior, and their determinants, over time.

Content

Although information about the biology of HIV, the signs and symptoms of AIDS, and the social and economic costs of the epidemic might be of interest, such information is not the essential knowledge that students must acquire in order to prevent becoming infected with HIV. Similarly, a single film, lecture, or school assembly about AIDS will not be sufficient to assure that students develop the complex understanding and skills they will need to avoid becoming infected.

Schools should assure that students receive at least the essential information about AIDS, as summarized in sequence in the following pages, for each of three grade-level ranges. The exact grades at which students receive this essential information should be determined locally, in accord with community and parental values, and thus may vary from community to community. Because essential information for students at higher grades requires an understanding of information essential for students at lower grades, secondary school personnel will need to assure that students understand basic concepts before teaching more advanced information. Schools simultaneously should assure that students have opportunities to learn about emotional and social factors that influence types of behavior associated with HIV transmission.

Early Elementary School

Education about AIDS for students in early elementary grades principally should be designed to allay excessive fears of the epidemic and of becoming infected.

AIDS is a disease that is causing some adults to get very sick, but it does not commonly affect children.

AIDS is very hard to get. You cannot get it just by being near or touching someone who has it.

Scientists all over the world are working hard to find a way to stop people from getting AIDS and to cure those who have it.

Late Elementary/Middle School

Education about AIDS for students in late elementary/middle school grades should be designed with consideration for the following information.

Viruses are living organisms too small to be seen by the unaided eye.

Viruses can be transmitted from an infected person to an uninfected person through various means.

Some viruses cause disease among people.

Persons who are infected with some viruses that cause disease may not have any signs or symptoms of disease.

AIDS (an abbreviation for acquired immunodeficiency syndrome) is caused by a virus that weakens the ability of infected individuals to fight off disease. The "AIDS virus" is called HIV.

People who have AIDS often develop a rare type of severe pneumonia, a cancer called Kaposi's sarcoma, and certain other diseases that healthy people normally do not get.

About 1 to 1.5 million of the total population of approximately 240 million Americans currently are infected with HIV and consequently are capable of infecting others.

People who are infected with HIV live in every state in the United States and in most other countries of the world.

Infected people live in cities as well as in suburbs, small towns, and rural areas. Although most infected people are adults, teenagers can also become infected. Females as well as males are infected. People of every race are infected, including whites, blacks, Hispanics, Native Americans, and Asian/Pacific Islanders.

HIV can be transmitted by sexual contact with an infected person; by using needles and other injection equipment that an infected person has used; and from an infected mother to her infant before or during birth.

A small number of doctors, nurses, and other medical personnel have been infected when they were directly exposed to infected blood.

It sometimes takes several years after becoming infected with HIV before symptoms of the disease appear. Thus, people who are infected with the virus can infect other people—even though the people who transmit the infection do not feel or look sick.

Most infected people who develop symptoms of AIDS only live about 2 years after their symptoms are diagnosed.

HIV cannot be caught by touching someone who is infected, by being in the same room with an infected person, or by donating blood.

Junior High/Senior High School

Education about AIDS for students in junior high/senior high school grades should be developed and presented taking into consideration the following information.

The virus that causes AIDS, and other health problems, is called human immunodeficiency virus, or HIV.

The risk of becoming infected with HIV can be virtually eliminated by not engaging in sexual activities and by not using illegal intravenous drugs.

Sexual transmission of HIV is not a threat to those uninfected individuals who engage in mutually monogamous sexual relations.

HIV may be transmitted in any of the following ways: a) by sexual contact with an infected person (penis/vagina, penis/rectum, mouth/vagina, mouth/penis, mouth/rectum); b) by using needles or other injection equipment that an infected person has used; c) from an infected mother to her infant before or during birth.

A small number of doctors, nurses, and other medical personnel have been infected when they were directly exposed to infected blood.

The following are at increased risk of having the virus that causes AIDS and consequently of being infectious: a) persons with clinical or laboratory evidence of infection; b) males who have had sexual intercourse with other males; c) persons who have injected illegal drugs; d) persons who have had numerous sexual partners, including male or female prostitutes; e) persons who received blood clotting products before 1985; f) sex partners of infected persons or persons at increased risk; and g) infants born to infected mothers.

The risk of becoming infected is increased by having a sexual partner who is at increased risk of having contracted HIV (as identified previously), practicing sexual behavior that results in the exchange of body fluids (i.e., semen, vaginal secretions, blood), and using unsterile needles or paraphernalia to inject drugs.

Although no transmission from deep, open-mouth (i.e., "French") kissing has been documented, such kissing theoretically could transmit HIV from an infected to an uninfected person through direct exposure of mucous membranes to infected blood or saliva. *(Editorial Note: Since this guideline was published in 1988, a case of HIV transmission via kissing was reported in 1997. This transmission was, just as the 1988 statement predicted, due to exposure to blood that was present due to periodontal disease.)*

In the past, medical use of blood, such as transfusing blood and treating hemophiliacs with blood clotting products, has caused some people to become infected with HIV. However, since 1985 all donated blood has been tested to determine whether it is infected with HIV; moreover, all blood clotting products have been made from screened plasma and have been heated to destroy any HIV that might remain in the concentrate. Thus, the risk of becoming infected with HIV from blood transfusions and from blood clotting products is virtually eliminated. Cases of HIV infection caused by these medical uses of blood will continue to be diagnosed, however, among people who were infected by these means before 1985.

Persons who continue to engage in sexual intercourse with persons who are at increased risk or whose infection status is unknown should use a latex condom (not natural membrane) to reduce the likelihood of becoming infected. The latex condom must be applied properly and used from start to finish for every sexual act. Although a latex condom does not provide 100% protection—because it is possible for the condom to leak, break, or slip off—it provides the best protection for people who do not maintain a mutually monogamous relationship with an uninfected partner. Additional protection may be obtained by using spermicides that seem active against HIV and other sexually transmitted organisms in conjunction with condoms.

Behavior that prevents exposure to HIV also may prevent unintended pregnancies and exposure to the organisms that cause Chlamydia infection, gonorrhea, herpes, human papillomavirus, and syphilis.

Persons who believe they may be infected with HIV should take precautions not to infect others and to seek counseling and antibody testing to determine whether they are infected. If persons are not infected, counseling and testing can relieve unnecessary anxiety and reinforce the need to adopt or continue practices that reduce the risk of infection. If persons are infected, they should: a) take precautions to protect sexual partners from becoming infected; b) advise previous and current sexual or drug-use partners to receive counseling and testing; c) take precautions against becoming pregnant; and d) seek medical care and counseling about other medical problems that may result from a weakened immunologic system.

More detailed information about AIDS, including information about how to obtain counseling and testing for HIV, can be obtained by telephoning the AIDS National Hotline (toll free) at 800-342-2437; the Sexually Transmitted Diseases National Hotline (toll free) at 800-227-8922; or the appropriate state or local health department (the telephone number of which can be obtained by calling the local information operator).

Curriculum Time and Resources

Schools should allocate sufficient personnel time and resources to assure that policies and programs are developed and implemented with appropriate community involvement, curricula are well-planned and sequential, teachers are well-trained, and up-to-date teaching methods and materials about AIDS are available. In addition, it is crucial that sufficient classroom time be provided at each grade level to assure that students acquire essential knowledge appropriate for that grade level, and have time to ask questions and discuss issues raised by the information presented.

Program Assessment

The criteria recommended in the foregoing "Guidelines for Effective School Health Education To Prevent the Spread of AIDS" are summarized in the following nine assessment criteria. Local school boards and administrators can assess the extent to which their programs are consistent with these guidelines by determining the extent to which their programs meet each point shown below. Personnel in

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state departments of education and health also can use these criteria to monitor the extent to which schools in the state are providing effective health education about AIDS.

1. To what extent are parents, teachers, students, and appropriate community representatives involved in developing, implementing, and assessing AIDS education policies and programs?

2. To what extent is the program included as an important part of a more comprehensive school health education program?

3. To what extent is the program taught by regular classroom teachers in elementary grades and by qualified health education teachers or other similarly trained personnel in secondary grades?

4. To what extent is the program designed to help students acquire essential knowledge to prevent HIV infection at each appropriate grade?

5. To what extent does the program describe the benefits of abstinence for young people and mutually monogamous relationships within the context of marriage for adults?

6. To what extent is the program designed to help teenage students avoid specific types of behavior that increase the risk of becoming infected with HIV?

7. To what extent is adequate training about AIDS provided for school administrators, teachers, nurses, and counselors—especially those who teach about AIDS?

8. To what extent are sufficient program development time, classroom time, and educational materials provided for education about AIDS?

9. To what extent are the processes and outcomes of AIDS education being monitored and periodically assessed?

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General Criteria for Evaluating an AIDS Curriculum

The following material includes information adapted from the National Coalition of Advocates for Students, from "HIV/AIDS Education: An Overview of AIDS Education in Montana Schools" (OPI, 1998), and from "No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy" (March 1997).

Criteria for Effective AIDS Education

- Based on written guidelines or curricula.
- Focuses on teaching the skills adolescents will need to prevent infection with HIV.
- Taught by classroom teachers (or other school teachers with a specialty in health education) who have been trained in effective classroom teaching strategies for imparting to students appropriate skills for preventing HIV infection.
- Taught mainly in a classroom setting.
- Integrated within a comprehensive health education program.
- Taught at multiple grade levels.
- Based on medically accurate and scientifically sound information.
- Includes sufficient topic areas to form a broad understanding of the causes, preventive methods, and issues surrounding HIV and AIDS.
- Routinely evaluated for appropriateness and effectiveness.

Curriculum Content

- Appropriate to the chronological and developmental age of the target students.
- Provides simple, clear, and direct information in terms that students understand. (See the CDC Guidelines, specifically pages 12-15 of this curriculum guide, as well as page 21 of this curriculum guide.)
- Focuses on teaching healthy behaviors and not just on the biomedical aspects of the disease.
- Emphasizes high-risk behaviors rather than high-risk groups, thus conveying the message that anyone can get AIDS regardless of race, gender, age, or sexual orientation.
- Sufficient class periods are provided to give each student multiple opportunities to learn to make decisions based on the information they have learned about HIV and AIDS.

Development and Implementation

- The program should provide for adequate staff training to teach the curriculum.
- The same information should be made available to limited English proficient students in their own language. The information should be provided appropriately to hearing and visually impaired students and students with severely handicapping conditions.
- The curriculum should be updated regularly to incorporate new information as it becomes available.
- The curriculum should be developed with the participation and support of parents, students, and other community groups. An ongoing dialogue with parents on these issues should be facilitated.

Characteristics of Effective Programs

Evaluation of programs that include abstinence education along with age-appropriate sexually transmitted disease prevention and pregnancy prevention strongly support the conclusion that sexuality and HIV education curricula do not increase sexual intercourse. Effective programs have been shown to significantly delay sexual activity.

Programs that show even modest behavioral effects have the following characteristics:

- focus clearly on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection;
- incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students;
- are based upon theoretical approaches that have been demonstrated to be effective in influencing other health-related risky behaviors;
- last long enough to allow participants to complete important activities;
- provide basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse;
- employ a variety of teaching methods designed to involve the participants and have them personalize the information;
- include activities that address social pressures related to sex;
- provide models of and practice in communication, negotiation, and refusal skills; and
- select teachers or peers who believe in the program and then provide them with training, which often includes practice sessions.

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Matching Approaches to AIDS Education With Childhood Development

Developmental Characteristics of Students

Grades K through 3

Students are likely to be

- egocentric
- developing some independence from parents and gradually orienting toward peers
- able to relate to their own bodies/to be curious about body parts
- highly competitive and capable of unkindness to each other
- able to understand information if it relates to their own experiences

Grades 4 and 5

Students are likely to be

- aware of sexual feelings and desires either in themselves or in others and confused about them
- increasingly sensitive to peer pressure
- capable of concern for others
- exploring sex roles
- in different stages of pre-puberty and early puberty and therefore very interested in learning about sex and relationships
- quite comfortable discussing human sexuality
- confused between fact and fancy (between hypothesis and reality)
- able to internalize rules and to know what is right or wrong according to those rules

Grades 6 though 9

Students are likely to be

- engaged in a search for identity (including sexual identity); asking "Who am I?" and "Am I normal?"; very centered on self
- concerned about and experimenting with relationships between boys and girls
- confused about the homosexual feelings they may have experienced
- worried about the changes in their bodies
- able to understand that behavior has consequences
- very embarrassed to talk about sex as well as to ask questions about sex which might make them appear uninformed

Grades 10 through 12

Students are likely to be

- in possession of a stronger sense of personal identity (There remain, however, important exceptions, including those who are confused about their sexual identities.)
- thinking that they "know it all"
- seeking greater independence from parents
- influenced by peer attitudes
- open to information provided by trusted adults
- beginning to think about establishing more permanent relationships

- experiencing an illusion of immortality
- sexually active

Appropriate Approaches to AIDS Education

Grades K through 3

Primary goal is to allay children's fears of AIDS and to establish a foundation for more detailed discussion of sexuality and health at the 6th grade level.

- Information about AIDS should be included in the larger curriculum on body appreciation, wellness, sickness, friendships, assertiveness, family roles, and different types of families.
- AIDS should be defined simply as a very serious disease that some adults get. Students should be told that young children rarely get it and that they do not need to worry about playing with children whose parents have AIDS or with those few children who do have the disease.
- Questions should be answered directly and simply; response should be limited to questions asked.
- Teach assertiveness about refusing unwanted touch.

Grades 4 and 5

It is appropriate to use the same approach as for grades K-3 with an increased emphasis on

- acknowledging that bodies have natural sexual feelings
- helping children examine and affirm their own values

Teachers of 4th and 5th graders should:

- begin providing basic information about human sexuality
- be prepared to answer questions about HIV and AIDS and their prevention

Grades 6-12

The primary goal should be to teach students to protect themselves and others from infection with HIV (the virus that causes AIDS)

- Students should be given the information in the Content section of the CDC *Guidelines for Effective School Health Education to Prevent the Spread of AIDS* (see pages 12-15 of this curriculum guide).
- AIDS issues should be made as real as possible without overly frightening students.
- The focus should be on healthy behaviors rather than on the biomedical aspects of the disease.
- Students should be helped to examine and affirm their own values and to develop responsible decision-making about sex. There should be support for a choice of abstinence, without assuming that all students will do so.
- It is important to be honest and to provide information in a straightforward manner.
- Information about HIV infection and AIDS should be presented in the context of other sexually transmitted diseases (STDs).
- It is important to be nonthreatening and to work to alleviate anxiety.
- Discussion of dating practices can provide opportunities to teach decision-making skills.
- Teachers should be prepared to answer questions from students who want more information.

Educational Materials and Resources on HIV/AIDS

The following resources are intended to provide educators and school staff with examples of effective materials available from national, state and local agencies. Resources are included in this guide to provide background and content materials for health education professionals to use or adapt to fit their program needs. These resources are intended to be used within a developmental, age-appropriate and sequential school health education program.

Curriculum Materials

• ***Reducing the Risk*: Building Skills to Prevent Pregnancy, STDs and HIV.*** ETR Associates (1-800-321-4407)

Target audience is students in grades 9-10, although the curriculum has been successfully implemented in middle school and all high school grades. The curriculum activities consist of a variety of interactive instructional strategies that address teen sexual risk taking.

The components include: a teacher's manual (includes 17 lessons, a synopsis of activities, materials needed, approximate time for each activity, steps for leading activities, student worksheets, handouts, homework assignments, role play scripts, and teacher references), an optional student workbook that includes copies of all materials that students will use (worksheets, assignments, etc.), and an optional activity kit that includes posters, risk-behavior activity materials, and role play cards. Recommended training starts with a three-day program implementation workshop which prepares school teams for adoption of the curriculum. The OPI can provide this training.

*Identified by CDC as a "Program That Works." PTWs have been extensively evaluated and shown to have a positive impact on health risk behaviors of adolescents. PTWs have successfully met the criteria in the CDC/DASH Research to Classroom Project (see page 32).

• ***Removing the Risk: Abstinence for High School Students.*** ETR Associates (1-800-321-4407)

This curriculum presents an approach to abstinence as a positive, viable choice for adolescents. The interactive lessons affirm students' ability to postpone sexual involvement, and to avoid high-risk behaviors that may result in pregnancy, HIV and other STD.

The 10 lessons, designed for eighth and ninth grade students, focus on skills and motivation to promote abstinence. Each lesson gives specific procedures for classroom activities that teach refusals, delaying tactics and alternative actions students can use to support their choice to abstain. Pertinent background information for teachers about facilitating role plays, teaching the skills and answering sensitive questions is included in the appendixes.

Removing the Risk is meant to be part of a more comprehensive sexuality education program.

•***Get Real about AIDS****. Altschul Group Corp. (1-800-323-9084)

The *Get Real about AIDS* curriculum for grades 9-12 was evaluated and is considered a "Program That Works." Two additional mixed-media kits for *Get Real about AIDS* are available for grades 4-6 and 6-9. Each kit includes activities that are easy to teach and fun to learn, including discussions, role play, simulations, and videos.

Components include: a teacher's guide, including fact sheets, teacher sheets, work sheets, an overview section which includes a scope and sequence, student learning objectives, and a chart of materials used in the unit; a kit of materials and videos needed to teach the lessons; a parent newsletter; a container holding the teacher's guide and all the materials needed to teach the lessons; a variety of training options, including a trainer's manual; and two additional lessons include a simulated community meeting and a lesson on delaying the onset of sexual activity. Recommended training starts with a three-day teacher training. OPI can provide this training.

*Identified by CDC as a "Program That Works." PTWs have been extensively evaluated and shown to have a positive impact on health risk behaviors of adolescents. PTWs have successfully met the criteria in the CDC/DASH Research to Classroom Project (see page 32).

• ***Safer Choices.*** ETR Associates (1-800-321-4407)

Safer Choices has CDC-supported evaluation results that show it to be effective in creating environments at school, in the community, and at home that are supportive of students' decisions to abstain from sex or to protect themselves from HIV infection and other STDs if they do decide to have sex. *Safer Choices* is now being considered for inclusion in CDC's Research to Classroom project.

Student/parent homework assignments are given throughout the program. These activities facilitate communication regarding prevention of HIV, other STDs, and unwanted pregnancies. Students also learn about the resources available to them in the community. Homework assignments encourage them to find out about community organizations and local youth services where they can go for more information about preventing HIV, other STDs, and pregnancy.

• ***Education for Sexuality and HIV/AIDS: Curriculum and Teaching Strategies.*** Meeks Heit Publishing Company, Box 121, Blacklick, OH 43004, (614)759-7780

A comprehensive collection of teaching strategies involving the philosophical, health, relationships, and educational aspects of human sexuality. Also included is a human sexuality curriculum guide for grades K-12. This guide presents content areas, objectives and life skills for each grade level.

• ***Abstinence Only: Send a Clear Message.*** Meeks Heit Publishing Company, Box 121, Blacklick, OH 43004, (614)759-7780

This curriculum is a comprehensive multimedia program that clearly establishes abstinence from sex as a responsible choice for teens. The program meets the requirements of federal funding for abstinence-only education programs.

• ***Montana Model Curriculum for Health Enhancement, Grades K-6 and 7-12.*** Montana Office of Public Instruction, Health Enhancement Division, Helena, MT 59620

These comprehensive model curricula contain a philosophy of health enhancement, lesson plans (a subset of lesson plans specifically for K-12 AIDS education is also available), a resource section, and guidance for program assessment and student assessment.

• ***Choosing the Tools: A Review of Selected K-12 Health Education Curricula.*** Education Development Center Inc., 55 Chapel Street, Newton, MA 02158-1060, 1-800-793-5076

This document was designed to assist school curriculum decisionmakers in selecting health education curricula for their school districts. The document provides a concise description of several educational theories as well as a comprehensive review and rating of 13 separate health curricula for elementary and secondary school use.

Policies and Procedures

• ***Guidelines for Communicable Disease Control Policies in Montana Schools.*** Montana Office of Public Instruction, HIV/AIDS Education Program, Helena, MT 59620-2501

• ***Developing and Revising HIV Policies.*** Montana Office of Public Instruction, HIV/AIDS Education Division, Helena, MT 59620-2501

• ***Policies and Procedures: Model Policies for HIV Education, Infected Students and Staff, and Worksite Safety.*** Montana Office of Public Instruction and the Montana School Boards Association, HIV/AIDS Education Program, Helena, MT 59620-2501

A guide developed to help local school districts review existing policies or establish new policies to address communicable diseases. This guide is based on current scientific and medical information about the safety in allowing HIV infected students or staff to remain in school.

• ***Someone in School Has AIDS.*** National Association of State Boards of Education, 1012 Cameron St., Alexandria, VA 22314 (703)684-4000

A guide to developing policies for students and school staff members who are infected with HIV. This guide assists state and local policymakers with difficult issues related to HIV and AIDS, including confidentiality issues.

• National School Boards Association, 1680 Duke Street, Alexandria, VA 22314 (703)838-6756

Other Resource Materials

• ***HIV/AIDS Education: An Overview of AIDS Education in Montana Schools.*** Montana Office of Public Instruction, HIV/AIDS Education Program, Helena, MT 59620-2501

Where to Find Information

The reference materials are intended to provide background and content materials for health and education professionals. This chart is an easy-access guide to reference materials.

Where do I go:	Resource:
• To obtain basic information about HIV transmission, the risk of HIV infection, and prevention of AIDS?	• Montana Office of Public Instruction (OPI) • Montana Department of Health & Human Services • CDC National AIDS Info Line 1-800-342-2437 • Montana's AIDS Info Line 1-800-233-6668
• To obtain basic information on a policy for school attendance by a student infected with HIV?	• Montana Department of Health & Human Services Recommendations for Preventing the Transmission of HIV in the School Setting (see page 33 of this guide) • Model Policies and Procedures on HIV/AIDS and Communicable Diseases (OPI) • Developing and Revising HIV Policies (OPI) • Someone at School Has AIDS (NASBE) • Page 24 of this guide
• To obtain guidance for evaluating an HIV/AIDS curriculum?	• Criteria for Evaluating an AIDS Curriculum (see page 18 of this guide)
• To obtain information on considerations to be applied to materials being reviewed?	• Guidance on reviewing materials (see page 28)
• To obtain help on HIV/AIDS instruction for age- and grade-appropriate health instruction?	• OPI • Regional HIV/AIDS Education Trainers (contact OPI) • Educational Materials and Resources on AIDS (see page 22 of this guide) • Matching Approaches with Childhood Development (see page 20 of this guide)
• To obtain teacher training on effective classroom strategies?	• OPI
• To obtain information on using outside speakers to present health education information?	• Guidelines for Non-School Personnel Presenting Health Programs in Schools (see page 30)
• To identify those places that confidentially test, counsel, and refer persons of any age who want to know if they are infected with HIV?	• Montana Department of Health & Human Services (HIV Counseling and Testing Sites)
• To obtain valid, current information about AIDS and other communicable diseases?	• Montana Department of Health & Human Services

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OPI-Supported HIV/AIDS Education

The federal grant which the Office of Public Instruction (OPI) receives from the Centers for Disease Control and Prevention (CDC) prohibits OPI from promoting or encouraging injecting drug use or sexual activity (either homosexual or heterosexual). It is important to note that the OPI does not mandate curriculum content to schools, and each school is free to use materials consistent with its curriculum.

The OPI uses AIDS education guidelines and terminology provided by the U.S. Public Health Service (specifically, the Division of Adolescent and School Health in the Centers for Disease Control and Prevention). The OPI Curriculum Planning Guidelines for HIV/AIDS Education include the CDC's "Guidelines for Effective School Health Education To Prevent the Spread of AIDS."

The OPI provides to Montana schools guidelines for HIV/AIDS education that include the following basic premises:

- the content of curricula is the prerogative of local school boards and must reflect the values of the community as a whole.

- an abstinence-based (rather than an abstinence-only) approach is recommended. The 1993 Montana Legislature passed a resolution — Senate Joint Resolution 23 — which recommends this approach for all Montana schools. By employing techniques for teachers to present strategies in refusal skills, negotiation skills, communication skills and resistance to peer pressure, the abstinence-based approach is designed to:

  - support youth who have not had sexual intercourse to continue to postpone the initiation of sexual intercourse,

  - help youth who have had sexual intercourse to re-establish abstinence, and

  - present information on prevention methods for youth unable or unwilling to refrain from sexual intercourse.

  Persons who may become sexually active at a later or more appropriate time in their lives can use this information to make healthy decisions.

- any parent who believes their child is not developmentally ready for the particular curriculum content information adopted by the local district may ask to have their individual child taken out of class when the information in question is presented. This may be an alternative offered to parents by local schools when human sexuality education or sensitive topics are presented. This allows the parent of an individual student the opportunity to say "Do not teach this to my child"; it does not give that parent the right to say "Do not teach this to any child."

The OPI offers HIV/AIDS education workshops designed for teachers. The workshops address the issues surrounding HIV/AIDS education, including current medical and scientific information, curriculum materials, teaching strategies, inclusion within comprehensive health education, worksite safety, and policy issues.

In this context, the workshop presenters discuss that HIV infection results from what you do, not who you are. Should the discussion include homosexuality, it is discussed from the standpoint that differences in sexual orientation exist as clearly as differences in gender or race exist. And just as teachers should not permit discriminatory or defamatory remarks in the classroom based on differences in gender or race, so should they not permit disparaging remarks based on differences in sexual orientation. This information is designed for teachers and counselors, and has been approved for that audience within the context of our workshops by the Montana AIDS Review Panel (a joint OPI and Department of Health panel charged with determining the appropriateness of educational materials). All materials used in the workshops are approved by the panel. The workshops are consistent with OPI's position that all students have a right to education without limiting that educational opportunity due to barriers created by differences among human beings.

Some people may dismiss the need to educate adolescents about HIV because they claim that AIDS is a gay disease or that AIDS is the punishment one must suffer for their stigmatized lifestyle (i.e., injecting drug user or homosexual). It is OPI's position that all students have a right to education without limiting educational opportunity because of barriers created by differences in gender, race, national origin, age, marital status, religion, sexual orientation, disability, political ideas or social condition. There is no place in education for intolerance of the diversity of human beings.

The OPI firmly endorses the concept of local control for schools. The content of curriculum is a decision to be made by the local school board with input from the entire community. With regard to AIDS education, the OPI recommends, via its Curriculum Planning Guidelines for HIV/AIDS Education, a program consistent with the most reasoned approach of public health and health education professionals.

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Guidelines for Reviewing Human Sexuality Education Materials

This guidance addresses considerations for curricular materials intended for use in the human sexuality education component of Health Enhancement (i.e., comprehensive school health program); however, the rationale is applicable to material being considered for use in any curricular area.

Background

Many school districts have been reviewing supplementary materials for human sexuality education to be used within the district's health enhancement program. The Office of Public Instruction has been asked for guidance on how to approach these reviews. The considerations provided in this memorandum are valid guidance and are not dependent upon OPI review of specific materials being considered for use in a district's health education program.

Discussion

Human sexuality education is an important part of a complete health enhancement program. Young people need clear, correct and up-to-date information regarding the health and social consequences of sexual activity prior to a monogamous relationship through marriage. To understand the necessity for this, one needs only to look at Montana rates for sexually transmitted diseases, HIV/AIDS and unintended pregnancies. Educationally, this information should be given before the risk behavior is initiated; consequently, the need for this education begins in the elementary years.

It is important to understand that controversy over human sexuality education is not new. Generally, nearly 90 percent of the public supports human sexuality education in the schools. The remaining 10 percent is usually a vocal minority that attends school board meetings, writes letters to the editor and calls administrators, thus giving the minority the appearance of a larger group. Nonetheless, all constituencies of your community must be heard since the educational programs offered by a school should reflect the values of the whole community and not of any single group.

Challenge to Supplementary Material

Many times an individual film, video or book is attacked in an attempt to discredit or eliminate the entire program. If it has not been established whether that is the case in your situation, it may be worthwhile to assess the reason for the challenge to a particular supplementary material.

It is important to remember that individual materials are just a part of a total program. When selected supplementary materials are viewed independent of the complete program, the materials are taken out of context. Any material used in an educational program should have supporting discussion, lecture or clarification from the instructor. This places the material as a **piece** of the program, not as **the** program.

Considerations for Supplementary Materials

The Office of Public Instruction would support the use of supplementary materials (such as videos, etc.) in any curricular area, including human sexuality education. However, the OPI has suggestions that should be considered prior to the use of supplementary materials and for follow-up discussion.

A materials review committee should have three main considerations for the use of supplementary materials:

- First, do the materials reflect the values and wishes of the community as a whole?

  Obviously, no material in a sensitive area like human sexuality education will reflect the values of each individual family, but the materials can reflect the values of the community as a whole. The materials review committee needs to view the school as an extension of the community, not as an extension of an individual family. Reasonable questions to ask include: Is the material offensive to the community? Is the material discriminatory? Is the material presenting information that the community thinks is important?

- Second, is the information presented in an educational manner?

  Several questions can be asked in this instance: Is the information presented by a person skilled in providing the information? Is the information developmentally and age appropriate for the intended audience? Is the information current? Does the information contain sex role stereotypes? Is the information culturally sensitive?

- Third, is the information presented correct?

  In the case of human sexuality education, is the information based on current scientific, medical and public health knowledge? Is the information biased or discriminatory? Some videos become outdated and are either incorrect, incomplete or confusing. Many times it is left to the discretion of individual teachers as to whether supplementary materials fit within the parameters of the district's health education program. Health educators have current information in this area and public health professionals (such as local health departments, physicians and nurses) can assist.

Conclusion

A materials review committee should consider three basic questions:

(1) Do the materials represent the values of the community as a whole?
(2) Are the materials used in an educational manner?
(3) Is the information presented correct?

If the answers to these basic questions are yes, then the materials are appropriate to be used within the district's education program. Each district must decide how supplementary materials, regardless of the curricular area, fit within its own community values.

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Guidelines for Non-school Personnel Presenting Health Programs in Montana Schools

Background

Montana schools are required by the Montana Board of Public Education (BPE) through its *Montana School Accreditation Standards* to provide Health Enhancement education at the elementary, middle, and high school levels. The BPE provides "model" learner goals, but leaves local school districts wide latitude in developing local goals and curricula.

Accreditation standards also require that Health Enhancement classes be taught by teachers who are **certified** to teach in Montana and **endorsed** to teach in the subject area. Elementary teachers are considered to be endorsed in all subject areas, hence provide instruction in all areas.

Although Health Enhancement is required and must be taught by certified and endorsed professional staff, this does not imply that outside speakers are not appropriate. Outside speakers are commonplace for all subject areas and can expose students to specialized experts, information resources and community opportunities, or can sensitize students to social issues. **Outside speakers appear as guests of the district and are allowed into classrooms with the permission of the administration and teacher (permission of the board may not be direct, but is implied).** This permission could be withdrawn at any time or the speaker could simply not be invited back into the district.

Responsibilities of the school district

In using outside speakers as part of the Health Enhancement program, school districts and teachers have several responsibilities:

1. The speaker should be used in conjunction with the school's health enhancement program. This means that speakers are not merely used to "fill time," but are used to reach program goals or learner outcomes.

2. Students should be prepared for the speaker. This may mean that if a speaker is used, lessons should build up to the speaker's presentation so the presentation is more meaningful.

3. Once the speaker has presented, a teacher-led follow-up should be conducted with the students. This might entail debriefing what the speaker presented, what the issues were, how it "fit" into the health class, or what might improve the session.

4. The school district administrator or teacher should evaluate the outside presentation to determine whether or not it met district goals and objectives, whether it was clear and appropriate for the audience, and whether a decision on future use of the outside presentation (or the actual presenter) should be made.

5. The school district has the right to know the speaker's qualifications. For example, being a "recovering alcoholic" may not qualify an individual to present to students on the effects of drinking.

Responsibilities of the outside speaker

1. Outside speakers serving as resource personnel in Montana schools should be aware of the intended audience and community concerns. Topics that are appropriate for high school students may not be appropriate for elementary students. Likewise, topics appropriate in one community may not be appropriate in another.

2. Speakers should know what is expected of them. They should be aware of the audience, why they were invited, how their presentation fits into the overall curriculum and what the school's expectations are. Experiential presentations should focus on personal responsibility.

3. Once speakers know what is expected of them, they should offer the teacher suggestions on student preparation (i.e., teacher-led classroom activity or assignment) as well as follow-up activities.

4. Speakers have the right to request evaluation of their presentation. This might be as simple as verbal feedback from the teacher or perhaps a written evaluation from the students. Generally, speakers know how well they did if they are asked to return for subsequent presentations.

Conclusion

Both the school district and outside speakers have rights and responsibilities.

- School districts have the right to know the speaker's qualifications and presentation content. Districts have the responsibility to use speakers that meet program goals and outcomes.

- Speakers have the right to a respectful audience and to an evaluation of their presentation. They also have the right to ask districts to use them in a meaningful way (student preparation and follow-up). Speakers have the responsibility to know the audience to which they are presenting and the community in which they are presenting.

- School districts and speakers have the shared responsibility to work together to best meet the educational needs of a community's students.

- Some speakers are requested by school districts to return on an annual basis. The speaker should determine if the information being presented is the same year after year. If so, it may be that the teacher should be "trained" by the speaker (or other qualified person[s]) to provide the information as an integral part of the class. Speakers have the obligation to ensure that they are not merely requested to present as a matter of convenience (i.e., to do a job that should be done by the teacher).

CDC/DASH Research to Classroom Project

Criteria for Selection of HIV Prevention Curricula

Criteria for Initial Consideration

1) The intervention is an educational program that is a complete curriculum package, not just a single component such as a video.

2) The intervention involves a classroom or other group setting.

3) The content areas include at least one of the following: HIV/AIDS prevention, STD prevention, or pregnancy prevention.

4) The study population is school-age youth, in particular those of middle school through high school ages.

5) For high school level, the study measures risk behaviors or health outcomes, not just knowledge and attitudes. Outcomes must include at least one of the following:
   - a delay in the initiation of sexual intercourse
   - a reduction in the number of sexual partners
   - a reduction in the frequency of sexual intercourse
   - an increase in the use of condoms among sexually active persons
   - a decrease in pregnancy rate
   - a decrease in newly reported cases of an STD

   For 8th grade and younger ages, studies may measure behavior intentions.
   Outcomes for all grade levels must not include an increase in any HIV-related risk behavior.

6) The research design includes an intervention group and a control or comparison group.

7) Follow-up measurement takes place at least four weeks after the intervention.

8) A report of the study has been published in a peer reviewed journal, or one has been submitted for publication in a peer reviewed journal at the time of consideration and accepted prior to final selection.

Criteria for Final Selection

1) Curriculum content is consistent with CDC's Guidelines for AIDS Education, or can be made consistent with minor revisions.

2) The curriculum can be used by the average teacher, with appropriate training, for the targeted populations.

3) Developers agree to include their materials in the Research to Classroom project and to assist with modification of materials and design of trainings.

Montana Department of Health and Human Services Recommendations for Preventing the Transmission of Human Immunodeficiency Virus in the School Setting

Background

Statistics on AIDS and HIV infection include children under the age of 13. Most of these children became ill very early in life (at less than one year of age), having contracted the infection either congenitally or from blood transfusions. No family members of these children have become ill from contact with the children. However, until we know more about AIDS and HIV, day care workers, school teachers, and others should exercise the same precautions they would take with an adult with HIV infection.

The recommendations which follow apply to all children known to be infected with human immunodeficiency virus (HIV). This includes children with HIV/AIDS; children who are diagnosed by their physicians as having an illness due to infection with HIV but who do not meet the case definition; and children who are asymptomatic but have virologic or serologic evidence of infection with HIV.

The CDC case definition of HIV/AIDS in children is available from the Montana Department of Health and Human Services.

School Attendance Guidelines

The question of children with HIV/AIDS attending day care or school is not strictly a medical matter. The following recommendations and infection control procedures are intended to provide the initial framework for development of subsequent guidelines by all parties concerned. Each child infected with HIV should be considered individually.

1. A child with HIV/AIDS should be allowed to attend daycare and school in a regular classroom setting with the approval of the student's physician.

2. Day care centers and schools should attempt to use the least restrictive means to accommodate the child's needs and the infection control recommendations.

3. Infected children should be allowed to attend day care or school as long as they are toilet trained, have no uncoverable open sores or skin eruptions, and do not bite. Students (K-12) who are excluded for these reasons should receive adequate alternative education through homebound or other programs.

4. Children with HIV/AIDS should be temporarily removed from day care or school if measles or chickenpox is occurring in the school population (e.g., cases occurring in classroom or close non-classroom contacts). This also applies to other children with immune system abnormalities.

5. Children with HIV/AIDS should be temporarily removed from day care or school when they are acutely ill, as should any child.

6. The day care center or school should respect the right of privacy of the individual; therefore, knowledge that a child has HIV/AIDS should be confined to those selected persons with a direct need to know (e.g., principal, school nurse, child's teacher or day care director). Those persons should be provided with appropriate information concerning such precautions as may be necessary and should be aware of confidentiality requirements.

7. The school nurse or other knowledgeable person should be appointed as the child's advocate to assist in problems that arise, provide educational materials, answer questions and act as liaison with the child's physician.

General Precautions

1. Good personal hygiene is probably the best protection against infection, with careful handwashing being the single most important personal hygiene practice. Handwashing, combined with a common-sense avoidance, removal or reduction of possible sources of infection is important in all communicable disease control, including HIV/AIDS. Handwashing applies even if gloves are worn.

2. Disposable gloves should be used any time there will be contact with blood, urine, feces, semen or saliva. Hands should be thoroughly washed after gloves are discarded.

3. Thorough cleaning of surfaces contaminated with blood or other body fluids followed by use of disinfectants must be maintained.

Environmental surfaces are generally adequately cleaned by housekeeping procedures commonly used. Surfaces exposed to blood and body fluids should be cleaned with a detergent followed by decontamination using an EPA-approved hospital disinfectant that is mycobactericidal. Individuals cleaning up such spills should wear disposable gloves.

Laundry and dishwashing cycles commonly used in public facilities are adequate to decontaminate linens, dishes, glassware and utensils.

Leak-proof bags should be used for disposal of cleaning materials.

Chemical germicides registered with and approved by the U.S. Environmental Protection Agency (EPS) should be used. Information on specific label claims of commercial germicides can be obtained by writing: Disinfectants Branch, Office of Pesticides, Environmental Protection Agency, 401 M Street, S.W., Washington, DC 20460. The manufacturer's instructions should be followed, and the instrument or device to be sterilized or disinfected should be cleaned thoroughly before exposure to the germicide.

Personal Contact

1. Direct mouth-to-mouth or genital contact should be avoided with persons with HIV/AIDS. Activities such as mouth-to-mouth kissing should be discouraged.

2. Mouth-to-mouth sharing of food and other objects (e.g., pencils, gum, toys) between children should be discouraged.

3. Personal toiletry items (e.g., towels, toothbrushes, razors) and tools (e.g., scissors, nail files, woodworking tools) which may potentially cause cutting injuries should not be shared by persons with HIV/AIDS and others. Toothbrushes should not be available in day care or preschool situations.

Contact with Blood or Other Body Fluid

1. Care should be taken to minimize breaks in the skin (for example, hand lotion can be used to minimize chapping). If the person with HIV/AIDS has breaks in the skin, the care provider should use gloves when touching those areas.

2. Bleeding or oozing cuts or abrasions (in either the care giver or a person with HIV/AIDS) should be covered (gauze, bandaids, etc.) whenever possible. The care provider's fingernails should be kept trimmed and clean.

3. Care providers should avoid direct contact with blood while caring for nose bleeds, bleeding or oozing wounds, or menstrual accidents in a person with HIV/AIDS. Disposable gloves should be used in these situations.

4. Gloves, sanitary napkins, gauze pads or any other materials which are coiled should be carefully and promptly discarded in leakproof, sealed plastic bags or containers. Ultimate disposal is by incineration or placement in a properly supervised and maintained sanitary landfill.

5. Environmental surfaces soiled with blood should be thoroughly cleaned as recommended previously.

Soiled Items

1. Items soiled by blood, saliva or other body fluids from a person with HIV/AIDS should not be used by others; these items should be discarded or thoroughly cleaned with soap and water and disinfected with an appropriate disinfectant before reuse.

2. Dishes—Washing of dishes with plenty of hot, soapy water, followed by thorough rinsing, is recommended. An electric dishwasher can also be utilized for dishwashing. Separate dishwashing is not needed for dishes or utensils used by someone with HIV/AIDS.

3. Laundry—Blood-contaminated items should be handled with appropriate precautions (gloves, aprons and any other cover-up needed to prevent direct exposure to blood). Washing with soap, hot

water and bleach, followed by thorough rinsing is suggested. A washing machine and dryer can be utilized. Separate laundering is not necessary for items used by a child with HIV/AIDS. It is of importance to thoroughly scrape and clean adherent materials from objects and surfaces before laundering.

Employees With HIV/AIDS

The determination of whether an infected school employee should be permitted to remain employed in a capacity that involves contact with students or other school employees should be made on a case-by-case basis. In making this determination, consideration should be given to: (1) the physical condition of the school employee; (2) the expected type of interaction with others in the school setting; (3) the impact on both the infected school employee and others in that setting.

The sexual orientation of a school employee is not cause to believe that he or she is an infected individual. No school employee or potential school employee should be required to provide information as to his/her sexual orientation.

School districts who have employees with reactive HIV tests are urged to solicit advice from their legal counsel and the Montana Department of Health and Human Services.

Other Issues in the Workplace

The information and recommendations contained in this document do not address all the potential issues that may have to be considered with making specific employment decisions for persons with HIV infection. The diagnosis of HIV infection may evoke unwarranted fear and suspicion in some coworkers. Other issues that may be considered include the need for confidentiality, applicable federal, state, or local laws governing occupational safety and health, civil rights of employees, workers' compensation laws, provisions of collective bargaining agreements, confidentiality of medical records, informed consent, employee and patient privacy rights, and employee right-to-know statutes.

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